

# Public Health Registry Reporting for Eligible Professionals

## Public Health Objective Documentation Aid Program Year 2020, MU Stage 3: Objective 8 Option 4A and Option 4B

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### Objective 8

- For the purpose of Stage 3 Meaningful Use, Public Health Registries are “administered by, or on behalf of, local, state, territorial, or national public health agencies”.
- The Vermont Department of Health has not declared readiness to accept Public Health Registry Reporting data from Eligible Professionals (EPs). As a result, **Vermont EPs will exclude from Objective 8 Option 4A, unless they are affiliated with a national public health agency that endorses or sponsors a registry.**
- The New Hampshire Department of Health and Human Services has [declared readiness](#) to accept Stage 3 Public Health Registry data in PY2020 for Cancer Case Reporting. A New Hampshire EP claiming an exclusion to Option 4A will need to submit documentation stating that reporting to the NH State Cancer Registry is not relevant to their scope of practice.
- It is the provider’s responsibility to check with any national public health agencies with which they are affiliated to determine if they endorse or sponsor a registry. This must be assessed no later than the first day of the provider’s EHR reporting period.
- An EP may report to more than one Public Health Registry, and may count Public Health Registry reporting more than once to meet the Public Health Objective. MAPIR has two screens for Public Health Registry reporting:
  - Objective 8 Option 4A, and
  - Objective 8 Option 4B.
- If an EP takes an exclusion and answers ‘**No**’ to Option 4A, no data entry will be allowed for Option 4B.
- If an EP attests to Active Engagement for Option 4A, they may be required to select 4B and attest to Active Engagement with an additional Public Health Registry or exclude from an additional Public Health Registry reporting requirement.
- EPs within the same practice may belong to different organizations, and therefore it is important to assess each provider’s affiliations individually.
- Please ensure the documentation supports the timeframes described in the Active Engagement definitions, available in the Specification Sheet.
- Utilize Page 5 for supporting documentation statements from providers taking an exclusion. All exclusions require a provider’s signature.

**Please Note:** The terms “EHR Reporting Period,” “MU Reporting Period”, and “Promoting Interoperability (PI) Reporting Period” all refer to the continuous 90-day period within the Program Year in which an Eligible Professional demonstrates Meaningful Use of certified EHR technology.

## Screenshot from MAPIR: Objective 8 Option 4A – Public Health Registry Reporting

**Objective 8 Option 4A - Public Health Registry Reporting**

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

**Objective:** The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

**Measure:** Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

**\*Does this option apply to you?**  
 Yes  No

If 'Yes', enter the name of the public health registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

Completed registration to submit data  
 Testing and validation  
 Production

**EXCLUSION:** If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
 Yes  No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
 Yes  No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
 Yes  No

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

## Attesting to Active Engagement for Option 4A (and Option 4B if applicable<sup>1</sup>)

For Eligible Professionals who are in Active Engagement with a Public Health Registry or Registries, describe the documentation and upload it to the MAPIR attestation or email it to: [ahs.dvhaEHRIP@vermont.gov](mailto:ahs.dvhaEHRIP@vermont.gov).

Active Engagement Option	Description of Supporting Documentation
1. Completed registration to submit data	( <b>Examples:</b> Registration form, communications from Registry acknowledging registration or confirming good standing for PY2020 EHR/MU Reporting Period.)
2. Testing and validation	( <b>Examples:</b> Dated letter, email or screenshot from the Registry acknowledging testing. If Test Date is before 2020, include description of ongoing testing during 2020 EHR/MU Reporting Period.)
3. Production	( <b>Examples:</b> Dated record of the transmission/transaction log, letter or email from the Registry acknowledging submission of production data during 2020 EHR/MU Reporting Period.)
<b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a>	

<sup>1</sup> EPs who excluded to Option 4A **should not** attest to or exclude from Option 4B. Option 4B only needs to be selected if the EP attested to Option 4A.

## Taking an Exclusion for Option 4A (and Option 4B if applicable<sup>1</sup>)

For Eligible Professionals excluding from reporting to a Public Health Registry, describe the documentation, ensure the EP's signature EHR/MU Reporting Period is noted, and upload it to the MAPIR attestation or email it to: [ahs.dvhaEHRIP@vermont.gov](mailto:ahs.dvhaEHRIP@vermont.gov).

Exclusion Option	Description of Suggested Supporting Documentation
<p>1. Does not diagnose or treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.</p>	<p><b>Sample supporting documentation statements (use page 5 to submit):</b></p> <p>“There is no public health registry in my jurisdiction relevant to my scope of practice.”  <b>Include signature and EHR/MU Reporting Period.</b></p> <p><b>For NH EPs:</b> “The New Hampshire Department of Health and Human Services Cancer Registry is not relevant to my scope of practice because _____ (please provide brief explanation).  <b>Include signature and EHR/MU Reporting Period.</b></p>
<p>2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.</p>	<p><b>Sample supporting documentation statements (use page 5 to submit):</b></p> <p>“The public health agency/agencies I belong to was/were not capable of accepting data at the start of my EHR reporting period.”</p> <p><b>List public health agency affiliations/memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p>
<p>3. Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p>	<p><b>Sample supporting documentation statements (use page 5 to submit):</b></p> <p>“The public health agency/agencies I belong to has/have not declared readiness to receive electronic registry transactions as of six months prior to the start of my EHR reporting period.”</p> <p><b>List public health agency affiliations/memberships as of the beginning of the EHR/MU Reporting Period, include signature and EHR/MU Reporting Period.</b></p>
<p><b>Upload</b> the documentation to the provider attestation(s) in MAPIR or <b>email</b> it to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a></p>	

## Objective 8 Option 4B

- MAPIR is configured to allow attestation for **two** Public Health Registries. Therefore, EPs have the ability to select Option 4A and Option 4B for this measure.
- EPs who attested to Option 4A are **required** to either attest or exclude to Option 4B; please follow the instructions on page 3.
- EPs who **excluded** to Option 4A **should not** select the checkbox or answer Option 4B.
- Per the screenshot below, EPs excluding to Option 4A should leave the checkbox blank for Objective 8 Option 4B on the *Required Public Health Objective List Table*.

Screenshot from MAPIR: MU Stage 3 Required Public Health Objective List Table

Required Public Health Objective List Table			
Objective Number	Objective	Measure	Select
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>

EPs who took an Exclusion to Option 4A should leave the Option 4B Check Box Blank

Use the space below to list providers and submit provider exclusion statements and signatures.